

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>ML</i>		07-12-01
O.I.P.E. CLASSIFIER	<i>M</i>		7-19-01
FORMALITY REVIEW	<i>RM</i>	<i>381</i>	08-24-01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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3855-028  
8/24/01